

Listening



Tour:

Community Conversations on Prevention



Commissioned by

The State Prevention Council
Chair, Brian E. Mattiello
Under Secretary,
Office of Policy and Management

Prepared in partnership with



Connecticut
Commission on
Children

— The —



GOVERNOR'S
PREVENTION
PARTNERSHIP



September 6, 2002

Brian E. Mattiello, Under Secretary
Planning and Development Division
Office of Policy and Management
State of Connecticut
450 Capitol Avenue
Hartford, CT 06106

Dear Brian:

It is with pleasure we submit to you as chair of the State Prevention Council this final report of the "Listening Tour" conducted jointly by the Commission on Children and The Governor's Prevention Partnership. We believe the findings underscore your wisdom in asserting that talking with the community is vital as the state develops its first framework and plan for prevention.

When Public Act 01-121 was adopted unanimously by the Connecticut General Assembly and signed into law by Governor John Rowland, it marked a landmark achievement to place prevention at the top of the state's agenda. Clearly, this act was a culmination of efforts by other state commissions, boards, and diligent work by the staffs of several interagency workgroups that have been honing prevention approaches that are already finding their way into various agency policies and services. Particularly in this time of fiscal constraint and retrenchment, examining how preventive strategies can contribute to cost effectiveness and improved services is even more vital.

This report represents the best thinking of a diverse range of community interests. It is noteworthy how ready the public is for a prevention strategy and systems reform. There is consensus for continued leadership by the executive and legislative branches to ensure that prevention becomes embedded in state policy and practice.

We look forward to the final prevention framework and plan due in December, and will continue to work closely with the Council in making prevention both a household word and a daily practice.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elaine".

Elaine Zimmerman,
Executive Director
Commission on Children

A handwritten signature in blue ink, appearing to read "Susan K. Patrick".

Susan K. Patrick,
President
The Governor's Prevention Partnership

State of Connecticut



December 13, 2001

Dear Community Leader:

On behalf of Governor Rowland and the State Prevention Council, I would like to thank you for taking the time to participate in this very important discussion on prevention and what it means for local communities.

As you know, the Governor and the Legislature made prevention a state priority when he signed into law Public Act 01-121, "An Act Concerning Crime Prevention and a State Prevention Council," which establishes a prevention council and charges state agencies to develop a prevention budget and overall state plan for prevention. The State Prevention Council creates a vibrant forum for State agencies to share expertise and experience and develop coordinated strategies to maximize state resources, work more cost effectively, and implement best practices.

Today is an invitation to join in the work of the State Prevention Council and share your community perspective on what needs to be done to ensure that prevention work in Connecticut is well defined and understood. What is working? What are the challenges? How have you developed your own framework for viewing and growing prevention work?

The State Prevention Council joins with the State's Embedding Prevention Initiative in this dialogue with local communities. Connecticut is one of six states participating in a multi-year embedding initiative to identify, promote, and anchor prevention as the policy of choice for reducing crime, violence and substance abuse and other anti-social behaviors.

Much is happening in the world of prevention, and as community leaders you have been at the forefront of planning and designing programs and services that meet the needs of children and families. We look forward to hearing what you have to say and learning from your experiences.

Sincerely,

A handwritten signature in blue ink, appearing to read "BM", with a stylized flourish extending from the bottom.

Brian Mattiello
Under Secretary
Office of Policy and Management



Listening Tour:

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Listening Tour:

Executive Summary

From late 2001 through mid 2002, the Connecticut Commission on Children and The Governor's Prevention Partnership conducted a Listening Tour, a series of community conversations across Connecticut, to learn the views of people from different communities, occupations and perspectives on the subject of prevention. The goal of the Listening Tour was to give citizen input to the State Prevention Council, which is charged with developing a state prevention plan and framework.

This report summarizes the views of more than 140 Connecticut citizens. Participants represented diverse backgrounds in occupation and workplace, economic status, neighborhood type, geographic home, race, ethnicity, age and education.

Listening Tour: Public Will

The following messages and themes emerged from conversations with participants:

Strong commitment to prevention: Participants in the focus groups and forums expressed a strong commitment to prevention as a state and local strategy to improve the lives of children. Many envisioned a vibrant prevention partnership as a means to bolster and assure health, safety and learning.

Sense of promise regarding the State Prevention Council's leadership:

The majority of respondents welcomed the state prevention plan being

developed by the State Prevention Council. They saw the Council as an excellent base from which reform in prevention policy could be launched. They stressed the need for directed leadership in goal setting, financing and best practice investments.

Prevention could save dollars and limit crisis:

Participants express concerns about the state budget gap and program losses. Nevertheless, they believed that prevention should be viewed through a different lens, towards long-term planning for state policies and services that would promote best practice and outcomes for children as well as reap fiscal savings. They wondered how targeted prevention planning could serve to decrease state costs over time.

Desire for focused state action: Many participants expressed hope that the State Prevention Council could bring cohesion and focus to state efforts by forming a clear and consistent plan to advance prevention. The majority of respondents stated the need to increase coordination as well as the need for efficient practices for sustainable change.

Common prevention elements cited: Although participants' language varied, there emerged a common perspective about prevention and the state framework. Common elements expressed included:

- Create a vision.
- Develop a sustained, cross-agency system.
- Focus on both children and family, not only on at-risk children.
- Develop a consistent approach to prevention in state government.
- Streamline agency practices.
- Build communication and strong connection with community.
- Invite local participation and leadership.

"Begin at the beginning...early and support the parents."

—Parent

"After some dialogue in fifth grade, we don't hear anything about alcohol or drugs again until high school."

—High School Student

Listening Tour: Community Views

Core Components

The following core components were identified by many participants as critical steps to the development of a state prevention plan:

- Create a shared vision.
- Focus state agencies' efforts, especially short-term, on key prevention goals that can make a difference and are affordable.
- List what state government needs to do to carry out the policies.

Principles

Participants recommended that the following principles form the base for the prevention framework:

- **Value individuals and respect their dignity.** Increase cultural competency. Dialogue and partner with consumers and the public.
- **Promote wellness.** Establish common indicators/outcomes that cut across jurisdictional or agency lines.
- **Assure community participation.** Involve stakeholders in prevention planning and implementation.
- **Assure accountability.** Develop methods and provide resources to measure services and program effectiveness.
- **Focus on what works.** Systematically integrate research-based lessons into state programs and strategies.
- **Don't reinvent.** Embrace accepted prevention principles such as:

Reducing risk factors – Identify key factors that protect youth and reduce risk factors for negative behaviors by children and youth.

Developmental stages – See children and youth as proceeding through life stages, with goals and indicators for each stage.

Asset Measurement –

Use individual and community assets to identify characteristics that promote health and wellness among children, families, and community.

Outcomes Framework –

Use a common set of indicators to measure and track progress in addressing prevention.

Strategies

Participants at forums and focus groups identified specific actions that state government should consider as it develops a comprehensive plan.

- Focus on outcomes; reward success.
- Streamline agency mandates.
- Establish new priorities for the juvenile justice system.
- Re-allocate funds.
- Create cross-agency, integrated funding streams.
- Rethink approaches to funding.
- Encourage flexibility and innovation.
- Include community in decision-making.
- Build on existing local networks.
- Collaborate.
- Share technical assistance.
- Share effective models.
- Communicate!

"What are the risks and needs of the kids...and what could have been done before we got them...?"

–Juvenile Justice planner

"We usually only see police when someone is in trouble. It would be good to have events where they're just there to hang out with us"

–Student

"Kids love to be in on the planning. Adults don't always know what would be fun or cool, or 'real.'"

–High School Student

Survey and Study

A survey and a study, both conducted by independent third parties, confirm the findings of the Listening Tour. Together, these polling and sampling activities offer a glimpse into Connecticut public opinion on prevention and how Connecticut's print media covers prevention.

Connecticut Public Opinion Poll

A poll of Connecticut adults, sponsored by Research!America and conducted by Harris International, evaluated their views on a wide range of issues relating to prevention, health prevention/promotion, and health prevention research.

According to the poll, Connecticut citizens are committed to improve the lives of youths and families before major problems arise. The poll found that Connecticut citizens:

- Believe that violence and child abuse can be prevented with increased parent involvement and parenting skills.
- Believe that smoking, child vaccinations, safe sex, and wearing seat belts are key prevention issues.
- Believe that preventable diseases and injuries are major health problems.
- Support investment in after school programs, school readiness and anger management.
- Support increases in sin taxes on cigarettes and alcohol to fund health promotion and disease prevention research.

"Most alcohol-free events are over by 11 p.m. and then kids go out and drink afterward."

—High School Student

"It's difficult for students used to support from peer programs in a middle school to transition to high school and find these supports missing."

—Middle School Student

Prevention Coverage in Newspapers

The Association for the Study and Development of Community conducted a sampling of newspaper coverage on primary prevention in five states, including Connecticut. The study examined newspaper placements regarding prevention. Key findings include the following:

"Teach prevention skills at a young age. Second graders have the knowledge of sex and drugs and they don't know the dangers."

—Middle School Student

- Articles on policy, legislation and budget tend not to be carried during the final month of legislative sessions.
- Articles on prevention tend to be carried in the Metro/Local sections of newspapers.
- Articles on prevention of crime, violence and substance abuse are more likely to be carried than those on various aspects of child development.
- Articles with the themes of programs and public information appear most frequently.

Among the five states, almost half of all articles on substance abuse and three-fourths of all articles on school readiness appeared in Connecticut newspapers.



I. Listening Tour:

Public Will

The State Prevention Council

Public Act 01-121, “An Act Concerning Crime Prevention and a State Prevention Council,” creates a vibrant forum within state government to share expertise, experience and to develop coordinated strategies to better serve children and families. The State Prevention Council, composed of Commissioners from eight state agencies, including the Judicial Branch, is charged with developing a comprehensive plan and budget for the state by January 2003. (See Appendix 1.)

A Prevention Lens

The legislation anchors prevention as the policy of choice in state government for reducing crime, aca-

“Prevention is a priority at the local level, but coordination at broader levels is not yet present.”

–Substance Abuse Counselor

ademic failure, substance abuse and other anti-social behaviors. The prevention lens allows for constructing a framework for action that includes government, community, business, elected officials and philanthropy. The Listening Tour provided opportunity to understand the breadth of support for

prevention and the strength of community partners to accomplish our state vision.

Citizens’ Hopes and Expectations of Government

Important messages and themes emerged from listening. Often these were vigorously and passionately expressed. The messages crossed varied constituencies – providers, parents, students, public officials and private funders – offering resounding “messages from the field.” These voices offer direction, provide insight into the community expectation regarding a prevention framework and most importantly, give insight into citizen’s hopes and expectations for their government.

Participants understood and were deeply concerned about the impact of the state budget gap on preventive services for children and families. They recognized, particularly in the short-term, the fiscal state of Connecticut’s economy and its impact on funding of all services of state government.

Nonetheless, respondents were interested in looking beyond the moment to view prevention and policies through a longer lens. They sought a long-term direction for state government with policies and financing strategies that a) provide best practices, b) reap savings, and c) show proven outcomes for children.

“We need to design a common prevention model and framework that can be easily communicated.”

–Public Official

“Focus on elementary and pre-school has been a main concern of mine, not because I’m an expert, but because of what I see in the criminal justice system.”

–Probation Officer

A Sense of Promise

Citizens seemed to welcome the process stated by the State Prevention Council and the promise in P.A. 01-121. A sense of hope was evident that some shift in thinking and investment may be forthcoming. Forum participants agreed that they want programs and services that are truly preventive and were constructive in suggesting changes that the state must make as it fashions systemic reform for prevention.

Common Perspective

While language and terminology varied among the more than 140 participants (including parents, students, after school providers, probation officers, pediatricians, educators, judges and others), there emerged a common perspective about prevention and what is needed as state government builds the framework.

Common elements are to:

- Create a vision.
- Develop a sustained, cross-agency system.
- Focus on both children and family, not only on at-risk children.
- Develop a consistent approach to prevention in state government.
- Streamline agency practices.
- Build communication and strong connection with community.
- Invite local participation and leadership.

"...Make the parent at the same level as (the) professional who is dealing with a child. Have parents treated as equals in addressing issues of children . . . without that you get 'attitude' and nobody wins."

—Parent of child with learning difficulties

Ready for Partnership and Action

Participants want the State Prevention Council to bring cohesion and focus to efforts across the state by forming a clear and consistent prevention policy. Diverse parts of the community are ready and eager for the next level in both program and policies that promote and advance prevention.

"We will throw all the money in the world at the justice system when a child hits it, but we won't make the investment early to prevent that child from entering that system."

—Foundation Executive

While programs and services are implemented locally, there was genuine understanding that state government can articulate a cohesive and consistent framework to advance policies that are more preventive.

The time is right for the state to lead and to lead cooperatively. Many voiced an urgency to see a consistent state plan and a positive vision statement on the importance of prevention.



II. Listening Tour: Community Views

Inviting dialogue with people living and working in communities creates seeds for a comprehensive framework and prevention plan. It can help the State Prevention Council articulate a vision for what it hopes to accomplish on behalf of children and youth.

Drawing from forums, focus groups and individual discussions, specific recommendations were developed for the State Prevention Council as it prepares the Prevention Plan and Framework.

- Create a shared vision.
- Focus state agencies' efforts, especially short-term, on key prevention goals that can make a difference and are affordable.
- Detail how state government will implement prevention planning and policy across sectors.

The highlights of the community conversations focus on principles and strategies for the Prevention Framework.

Principles

Value Individuals and Respect Their Dignity.

The framework must express clearly and implement in daily practice principles that value individuals and respect their dignity. Particularly from parents and adolescents, the Listening Tour was urged to communicate to state leadership that cultural competence is needed at all levels, state and local, in all policies and programs. Similarly, clients or customers seek to be “partners” with the providers of services. Service recipients said they wanted “real and ongoing dialogue” with providers and to be included substantively in planning and decision-making.

Cultural Competency

This call for increased respect extended to seeing the framework and plan address substantively the diverse nature of Connecticut's citizens. Citizens

expect increased cultural competency from programs and providers, better understanding of needs, and programs that demonstrate the ability to work with diverse cultures and races. This cultural competency was viewed as significant not only because it addresses human values, but also because failure to perform profoundly affects quality, access, and effectiveness of preventive services.

Promote Wellness

In promoting what was described as “wellness,” (as differentiated from problem-focused prevention), participants said establishing common indicators or outcomes that cut across jurisdictional or agency lines is important in setting forth goals and direction for state government. This would allow better linking of programs and policies across agencies and foster long-term strategies that look at health, economic, social and environmental safety issues.

“We need to get the dialogue and have parental involvement. We need the conversation to get people on the same page.”

—Parent

Assure Community Participation

At the state level, formal opportunities should be established and maintained to involve community stakeholders in prevention planning and implementation. This involvement should include local government, community agencies, etc. We were told that parents, youth, the private sector, philanthropy and business, all want to have roles to help facilitate the public accountability of this initiative.

Assure Accountability

Community service providers said they welcome the opportunity to demonstrate and measure results and to be accountable. They said the state needs to lead in developing methods and providing funds to measure services and program effectiveness. This includes program evaluation and measuring cost-effectiveness.

Focus on What Works.

In forums, community participants said research-based lessons of the past decade should be more systematically integrated into state program strategies. There was a call for additional research, and to maintain flexibility in funding even as programs use more tested models.

Use Existing Research – Don't Reinvent

State government, through the Council, should embrace prevention principles that have become accepted via two decades of research. Participants suggested integrating strategies of practitioners and academics. (See Appendix 2, Social Policy Experts.)

Reducing risk factors. The groundbreaking work of social scientists Hawkins and Catalano identifies key factors that protect youth and seeks to reduce risk factors for negative behaviors by children and youth.

Developmental stages. This strategy, championed by Karen Pittman, sees children and youth as proceeding through life stages, with particular development goals and indicators for each stage of growth.

Asset Measurement. This methodology developed by Peter Benson, of the Search Institute, uses 40 individual and community assets to identify characteristics that promote health and wellness among children, families, and community.

Outcomes Framework. This practical method, developed by Cornelius Hogan, former Vermont Human Services Director, established a common set of indicators to measure and track progress in addressing prevention needs.

*"Make the funding more targeted, and connect it to the cost-effectiveness of the program."
–Provider*

Strategies

Respondents described specific actions state government might consider as it develops a comprehensive plan.

Focus on outcomes; reward success.

Establish long-term outcomes to increase state accountability. This would guide funding, set direction and reduce pressure for "fad funding."

Develop mechanisms in the plan to provide organizational and financial rewards to programs that are proven effective and reflect the state-established indicators and outcomes.

Streamline agency mandates.

Develop common reporting requirements across agencies to streamline state mandates and reduce bureaucracy. Cited were:

- **Reports and data collection** – Make reporting formats and requirements similar across agencies, and ask for information that can be collected and presented once to all agencies.
- **Advisory structures** – Unify local structures, which often require a separate advisory council for each separate grant.
- **Evaluation** – Provide funds and common standards across agencies for similar or joint-funded programs.
- **Performance standards** – Create common standards across agencies for performance, contract compliance and reducing administrative burden.

Establish new priorities for the juvenile justice system.

Participants viewed Connecticut's juvenile justice system at a crossroad – where prevention strategies are inadequate and incarceration is growing. If frustration appeared anywhere, it was strongest among those involved with juvenile justice.

Advocates and practitioners recommend that Connecticut's juvenile justice system intervene when a child and family are first referred. The present system incarcerates far more youth than the national average, yet participants questioned the effectiveness of this policy. Respondents urged dialogue and renewed action to address prevention issues in juvenile justice.

“We need to face the hard questions,” said one juvenile justice professional, “...engage the public in discussion of these difficult issues...what is the purpose of our juvenile justice system?”

Re-allocate funds.

Providers recommend reallocation of existing public dollars – not necessarily adding dollars. Move funds from expensive treatment activities to preventive services as part of a long-term strategy. Program operators stressed that present funding for preventive services is not adequate.

Create cross-agency, integrated funding streams.

The most sought after change in state policy and funding is to integrate

“I see what a good job we do in preparing (children) for the adult (prison) system.”

–Corrections Officer

“We need to face the hard questions ...engage the public in discussion of these difficult issues...what is the purpose of our juvenile justice system?”

–Juvenile Justice Professional

“When we need most to get involved, it seems the system locks you out.”

–Parent

“We need to look at resource re-allocation. In a time of fiscal tightness. We need to see if existing money can be re-focused on more effective (prevention) programs.”

–State Legislator

funding for preventive services across agencies. Community providers want the Council to find a way for state agencies to offer combined agency contracts and grants.

Participants want state agencies to link similar grants and contracts from disparate funding sources and agencies. Establish broad, common criteria for grant making, along with accountability among state agencies. The Listening Tour was told such funding would be more efficient, cost effective and would lead to better coordination of services.

Rethink approaches to funding.

Forum attendees said just integrating funding among state agencies and federal programs was insufficient to advance preventive strategies. Companion changes in state financial support are needed. These include:

- **Provide multi-year funding** for proven programs, reducing the tenuous nature of programs that often live “year to year.”
- **Blend block grants** at federal and state levels to leverage dollars.
- **Make programs large enough** to improve an entire community. The current practice often provides small blocks of funds, to enable small programs to reach individuals, but never achieves the scale needed to make a positive difference across an entire community.
- **Establish prevention in core budgets**, integrating prevention strategies into the basic mission and funding allocation process of each state agency.

Encourage flexibility and innovation.

There was a near unanimous call to rely more heavily on strategies proven by prevention research. At the same time, community providers urged investment in innovation. Even as the state insists that programs are based on research, strategies should also encourage new programs at the cutting edge, experimenting with new ideas.

“The family needs to feel secure and do things that can make the family feel secure...dealt with respect, pride and privacy.”

–Parent

Include community in decision-making. Create real opportunities for shared leadership and decision-making. Insist that community involve parents and youth directly in local planning and decision-making. Promote local leaders to become active in shaping the framework. At one forum, a speaker said, “Improving communication between state agencies and local organizations would be a major step that would change today’s practices.”

Build on existing local networks. Participants hope the state will increase its use of local networks rather than creating new organizations unless needed. “Build and support community collaborations,” suggested one forum speaker, “because prevention is local.” “The community knows best practices,” offered another.

Collaborate. Participants stressed that increased collaboration gives children and youth more opportunities to participate in meaningful, positive activities. Children learn to believe in themselves when those they are close to have confidence in them and recognize and share their talents. Many cited the 21st Century Community Learning program as a new and good example of a broad state and community collaboration for prevention against crime, drugs, teen pregnancy and school failure. Educators were especially focused on early intervention regarding learning and an increase in student mental health issues.

Share technical assistance. Participants believe the state could play an important service by offering state-of-the-art training and technical assistance to

parents/youth. Major areas of focus include: research-based models, skill building, best practices, and cultural competency. It was also suggested that the state use statewide and regional intermediaries to deliver these technical assistance services.

Share effective models. Increase support of research in prevention, particularly through models that can be replicated in community settings. State government could be especially helpful by sharing cutting edge models with communities.

Communicate! Communication was universally cited as important to the success of the plan. Involving family, media and the community will build support for preventive practices. Participants also said the state should seek ways to promote prevention as a “good news” issue.

● **Capture the spirit of prevention.**

Several speakers said the state is distant from local organizations. They want the state to provide leadership to create a passion and a positive spirit for prevention programs.

● **Information exchange.**

Establish a state website on prevention. Improve mechanisms to disseminate information widely. One parent suggested a “prevention directory.”

“It’s like the stop sign. The local community sees traffic accidents at an intersection. A stop sign is installed; it reduces accidents. No one would even think of taking down the stop sign. That’s prevention.”

*–Director,
Municipal
Youth Services*

“Prevention initiatives are focused on the student, the child and it needs to extend to the family and must be broadened as the family impact is great...”

–Social Worker

“We need measurable outcomes for programs, combined with ‘faith,’ because results are so long term.”

*–Community
Leader*

“State policy has to prioritize for the most crisis-prone children.”

–Educator



III.

Listening Tour: Survey and Study

A survey and a study confirm the findings of the Listening Tour. Together, these polling and sampling activities offer a glimpse into Connecticut public opinion on prevention and how Connecticut's print media covers prevention.

Independent third parties conducted each research project. They include:

- **Public Opinion.** A poll of Connecticut adults evaluated their views on a wide range of issues relating to prevention, health prevention/promotion, and health prevention research. It was conducted by Harris Interactive on behalf of Research!America, and funded by The Robert Wood Johnson Foundation of Princeton, NJ.
- **Media Attitudes.** The Association for the Study and Development of Community conducted a sampling of newspaper coverage on primary prevention in five states.

Research!America Connecticut Survey

In cooperation with the Commission on Children and the Embedding Prevention Initiative, a poll was sponsored by Research!America with funding from the Robert Wood Johnson Foundation and conducted by Harris Interactive. A telephone poll randomly selected 800 Connecticut adults between

October 18, 2001 and November 13, 2001. Connecticut residents responded to issues of health, safety, disease prevention and citizen support for *sin taxes*.

Key Findings

The poll found that citizens:

- Support increases in *sin taxes* on cigarettes and alcohol to fund health promotion and disease prevention research.
- Believe that violence and child abuse can be prevented with increased parent involvement and parenting skills.
- Believe that smoking, child vaccinations, safe sex, and wearing seat belts are key prevention issues.
- Believe that preventable diseases and injuries are major health problems.
- Support investment in after school programs, school readiness and anger management.

Connecticut citizens are committed to improving the lives of youth and families before major problems arise. What is needed is a roadmap that lays out a set of measures the state and communities need to accomplish to improve the lives of children and families and to hold communities and state government accountable.

Connecticut citizens are eager for prevention leadership and consistent commitment from state government to set clear prevention policy.

Sampling of Poll Data

1. Connecticut adults associate prevention in health primarily with avoiding high-risk behaviors (not smoking, safe sex, wearing a seat belt) and receiving "medical" prevention (vaccinations and screenings). To a lesser extent, they associate prevention with community safety or healthy lifestyle.

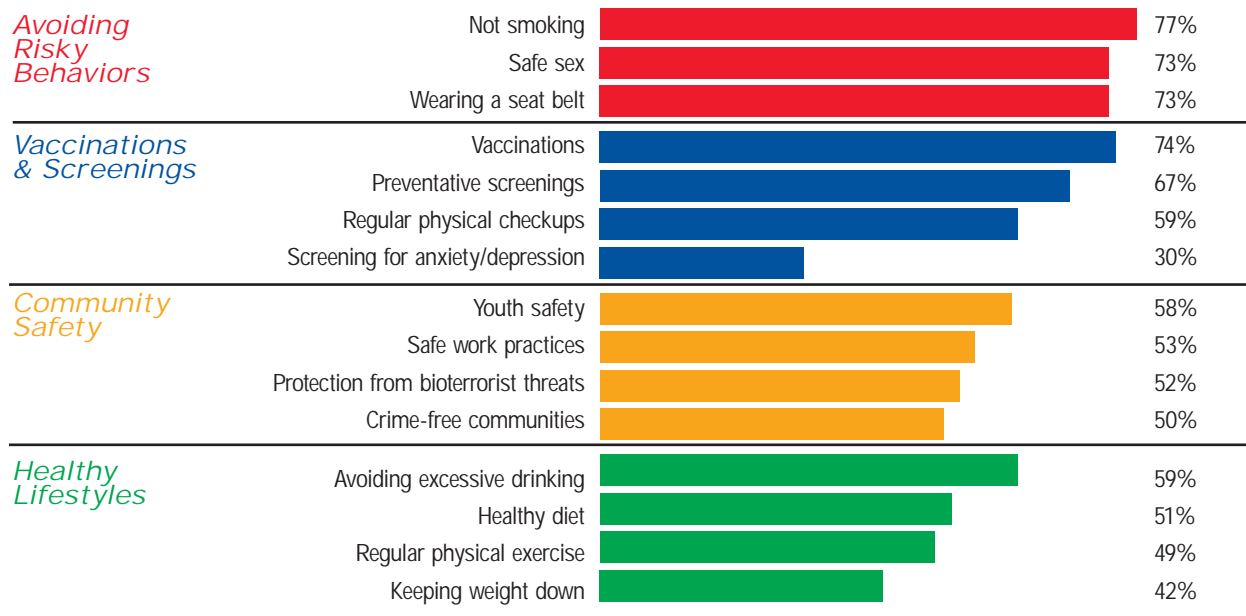
"The community needs to be an integral part of the framework... partners, and with communication about what is happening, and information on services."

– Community Agency Worker

"The funding collaborations with the state need to be in a more organized and seamless way than they are now...and based on a community prevention plan."

–Community Service Provider

How much do you associate certain health actions and practices with the term prevention? (% saying associate very strongly)



"We need a holistic approach and it must be multi-dimensional... involving the whole child and the family...the framework needs to advocate this philosophy,"

–Youth Service staff

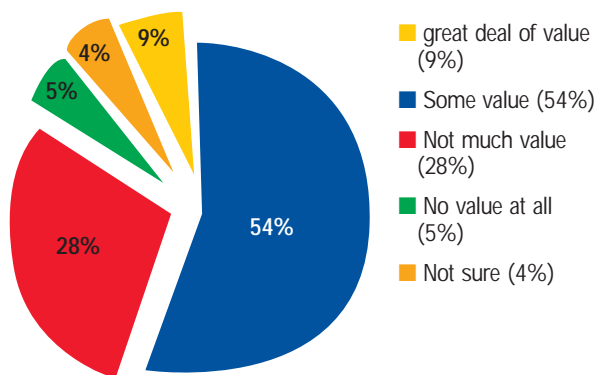
2. The majority of Connecticut adults feel they receive a great deal or some value from public health programs, including prevention research, outreach and education.

● Two-thirds (63%) of Connecticut adults believe they receive a great deal or some value, and one third (33%) feel that they receive not much or no value from

such programs.

- Elderly adults are more likely than non-elderly adults to feel that they receive a great deal or some value from public health programs (73% versus 60%).

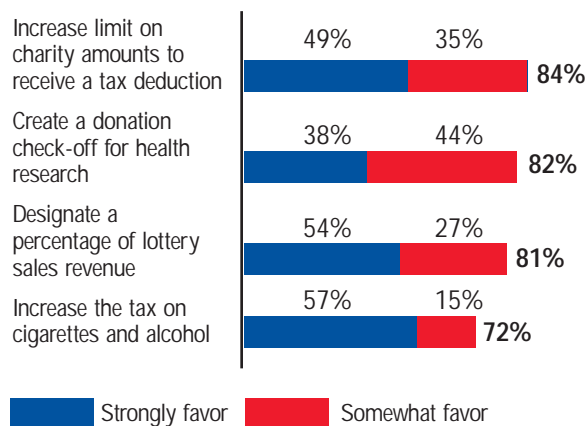
For your tax dollar, how much value do you think you receive for public health programs which include research into the prevention of disease, outreach programs about health risks, and education and training of health professionals?



3. Connecticut residents, especially non-elderly adults, are more likely than U.S. adults and the elderly in Connecticut to favor a range of initiatives to increase funding for prevention research.

- Connecticut residents are more likely than U.S. adults to favor increasing the amount an individual can give to charity and still receive a tax deduction (84% vs. 76%); creating a tax return check-off for voluntary donations (82% vs. 72%).
- Similarly, to increase funding for prevention research non-elderly adults are more likely than elderly adults to favor designating a percentage of lottery sales, increasing the amount an individual can give to charity, or creating a tax return check-off for donations.

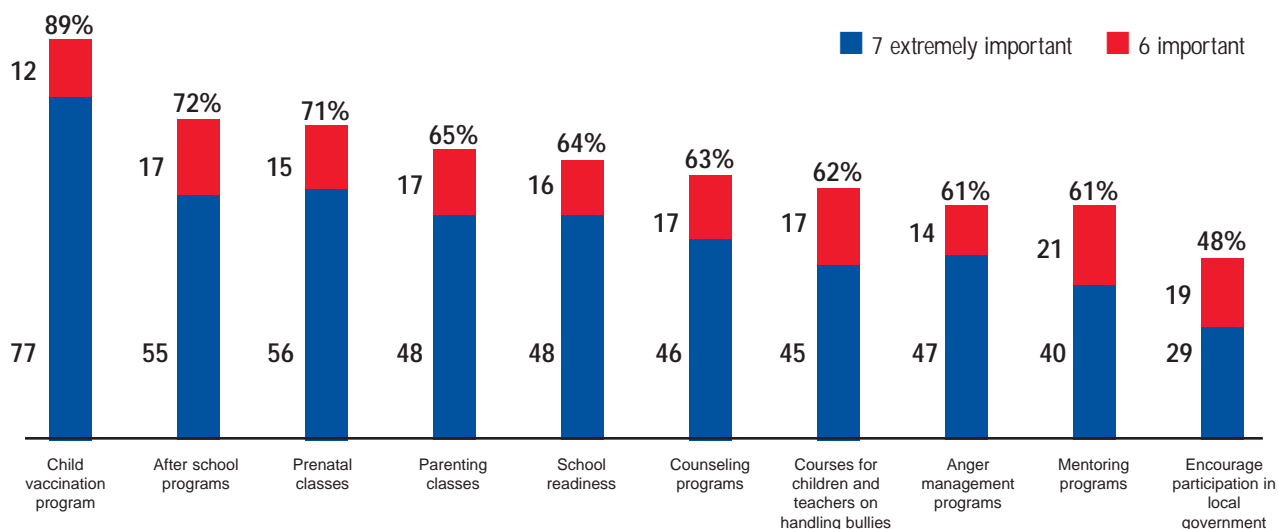
How much would you favor or oppose the following initiatives designed to increase funding for health promotion and disease prevention research? (Percent saying strongly/somewhat favor)



4. There is broad support for a range of community health and prevention programs, with child vaccinations viewed as the most important program. Women and adults with lower education levels are more likely than other adults to support many of the community health and prevention programs.

- Almost 9 in 10 adults view vaccination programs as most important.
- Large majorities of Connecticut adults support community prevention programs designed to improve the health and well being of children.
- Women are more likely than men to support community health and prevention programs, including after school programs (81% vs. 62%), pre-natal classes (83% vs. 58%), parenting classes (72% vs. 56%), school readiness (74% vs. 52%), etc.

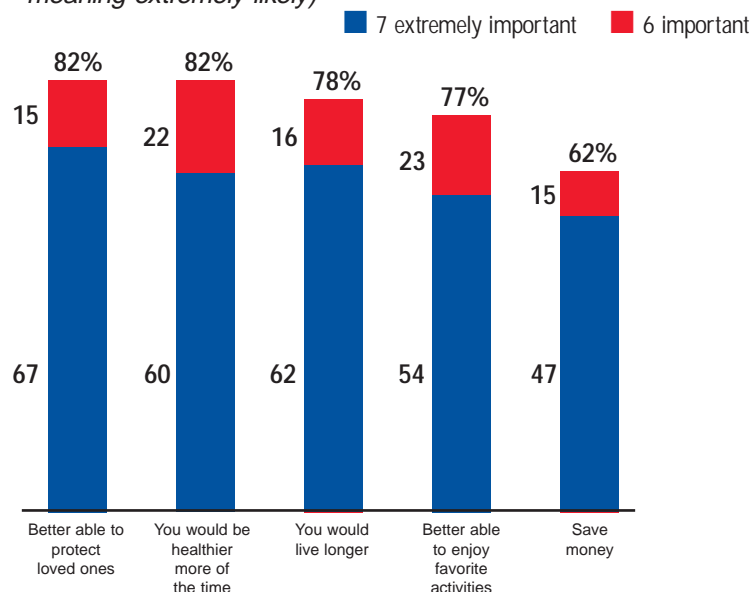
How important are the following community health and prevention programs to your community? (Percent saying 6 or 7, with 7 being extremely important)



5. For many adults, prevention research has personal value – a large majority of Connecticut residents said that they are likely to adopt more healthy practices to protect their loved ones and enhance their overall quality of life. Women are more likely than men to express a willingness to adopt more healthy practices.

- Majority would likely adopt health practices if it helped them to protect their loved ones, be healthy more of the time, live longer, be there to enjoy their favorites activities, and save money.
- Women are more likely than men to adopt health practices for any of the reasons above.

How likely would you be to adopt healthier practices on the basis of the following arguments? (Percent saying 6 or 7, with 7 meaning extremely likely)



Prevention Coverage In Newspapers

Understanding better how the media reports about the subject of prevention was viewed as valuable to the work of the State Prevention Council. The Association for the Study and Development of Community was asked by the National Crime Prevention Council to examine newspaper placements regarding prevention in the five states involved in the national program, including Connecticut. This “pilot study of media coverage was conducted to determine the feasibility of using a review of newspaper articles and editorials as a method of determining public attitudes toward primary prevention across the states.”

Findings:

- Articles on policy, legislation and budget tend not to be carried during the final month of legislative sessions.
- Articles on prevention tend to be carried in the Metro/Local sections of newspapers.
- Articles on prevention of crime, violence and substance abuse are more likely to be carried than those on various aspects of child development.
- Articles with the themes of programs and public information appear most frequently.

Distribution of Articles by Section and State

Section	State					Total
	California	Connecticut	Iowa	Kentucky	Oregon	
Main	6	16	8	3	2	35
Metro/Local	21	24	0	2	31	78
Other Daily	5	2	2	1	1	11
Special Edition	1	0	0	1	0	2
Total	33	42	10	7	34	126

Each article was categorized based on the topic or topics covered. Twenty-five articles (16.6%) contained references to two topics. Thus, the total below is 151. From this table it can be seen that *crime*, *violence* and *substance abuse* are clearly the topics of greatest frequency, though their relative importance varies from state to state. The most noticeable state deviations from the general pattern involve Connecticut and Oregon. Almost half of all articles dealing with *substance abuse* and three-fourths of all articles on *school readiness* appear in Connecticut newspapers. More than half of all articles on *early intervention* appear in Oregon newspapers.

Distribution of Article Topics, by State

Article Topic	State					Total
	California	Connecticut	Iowa	Kentucky	Oregon	
Crime	11	7	6	2	14	40
Violence	14	6	1	3	7	31
Substance Abuse*	2	19	6	2	9	38
Delinquency	1	1	0	0	3	5
Abuse	4	4	1	2	6	17
Early Intervention	3	2	0	0	5	10
Youth Development	0	2	0	0	0	2
School Readiness	2	6	0	0	0	8
Total	37	47	14	9	44	151

* Articles on drugs and alcohol were merged with those the explicitly discussed substance abuse

The table below shows states have slight differences in thematic patterns. *Public Information* is the most important theme in California and Kentucky, whereas in the other states, *Program*, *Grant* and *Initiative* articles are the dominant type.

Distribution of Themes by State

	California	Connecticut	Iowa	Kentucky	Oregon	Total
Legislation, Policy and Budget	4	8	0	2	5	19
Leadership	1	2	1	0	2	6
Program, Grant and Initiative	12	15	4	1	16	48
Public Information	17	13	3	4	7	44
Event	3	8	4	0	5	20
Total	37	46	12	7	35	137

Three time periods were selected to evaluate newspaper placements, beginning of the legislative session, middle and end, 28 days in each instance. Articles were searched and tested for relevance to the subject of prevention, eliminating articles and editorials that were outside the scope of the subject matter. In all, 126 articles were identified. Approximately two-thirds of the articles were found in the Metro or Local sections of the paper. This suggests that primary prevention articles were of local interest and dealt with local issues.



V. Listening Tour: Appendices



Appendix 1

Substitute House Bill No. 7013 Public Act No. 01-121

*AN ACT CONCERNING CRIME PREVENTION AND
A STATE PREVENTION COUNCIL.*

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) As used in sections 1 to 4, inclusive, of this act:

(1) "Prevention" means policies and programs that promote healthy, safe and productive lives and reduce the likelihood of crime, violence, substance abuse, illness, academic failure and other socially destructive behaviors.

(2) "Research-based prevention" means those prevention programs as defined in this section that have been rigorously evaluated and are found to be effective or represent best practices.

Sec. 2. (NEW) (a) There is established a State Prevention Council consisting of the following members or their designees: (1) The Secretary of the Office of Policy and Management; (2) the Commissioner of Social Services; (3) the Commissioner of Children and Families; (4) the Commissioner of Public Health; (5) the Commissioner of Mental Health and Addiction Services; (6) the Commissioner of Education; (7) the Commissioner of Mental Retardation; and (8) the Chief Court Administrator. The Secretary of the Office of Policy and Management, or the secretary's designee, shall serve as chair of the council. The council may expand its membership to include other state agency representation as it deems appropriate.

(b) The State Prevention Council's purpose is to (1) establish a prevention framework for the state, (2) recommend a comprehensive state-wide prevention plan, (3) better coordinate existing and future prevention expenditures across state agencies, and (4) increase fiscal accountability.

Sec. 3. (NEW) (a) Not later than July 1, 2002, the State Prevention Council shall identify, within each of the involved state agency budgets, any appropriations for prevention services for the previous fiscal year, and submit a report of its findings to the Secretary of the Office of Policy and Management and the joint standing committee of the General Assembly having cognizance of matters relating to appropriations.

(b) Not later than December 1, 2002, the State Prevention Council shall recommend to the Secretary of the Office of Policy and Management and the General Assembly a comprehensive state-wide prevention plan. Such plan may include (1) recommendations to develop and coordinate interagency prevention

services and training; (2) an identification of prevention services in the plan which are research-based programs; and (3) any findings as to the effectiveness of prevention programs using outcome performance measures identified by the State Prevention Council.

Sec. 4. (NEW) For the biennial budget for the fiscal years commencing July 1, 2003, and ending June 30, 2005, the Governor's budget document shall include a prevention report presenting in detail for each fiscal year of such biennium the Governor's recommendation for appropriations for prevention services classified by those budgeted agencies involved in the State Prevention Council and showing, for each applicable budgeted agency and its subdivisions, a list of agency programs that provide prevention services, the actual prevention services expenditures for the fiscal year ending June 30, 2003, by program, the estimated prevention services expenditures for the fiscal year commencing July 1, 2003, and an identification of research-based prevention services programs. The Governor's budget shall also include a summary of all prevention services by each applicable budgeted agency, identifying the total for prevention services included in the budget.

Sec. 5. (NEW) Not later than July 1, 2004, the State Prevention Council shall submit to the Secretary of the Office of Policy and Management and the joint standing committee of the General Assembly having cognizance of matters relating to appropriations its recommendations concerning the potential expansion, including potential use of benchmarks or termination of the State Prevention Council pursuant to section 2c-12 of the general statutes.

Sec. 6. This act shall take effect July 1, 2001.

Approved June 28, 2001

Appendix 2

State Prevention Council Members

Brian E. Mattiello, Chair
Under Secretary
Office of Policy and
Management

Commissioner
Joxel Garcia, M.D.
Department of Public Health

Honorable Joseph H. Pellegrino
Chief Court Administrator

Commissioner
Kristine D. Ragaglia
Department of Children and
Families

Commissioner
Peter H. O'Meara
Department of Mental
Retardation

Commissioner
Theodore S. Sergi
Department of Education

Commissioner
Thomas A. Kirk, Jr.
Department of Mental Health
and Addiction Services

Commissioner
Patricia A. Wilson-Coker
Department of Social Services

State Partners

Commission on Children

Judith Busch, Chair
Attorney, Southbury

Senator Mary Ann Handley
Vice Chair
Connecticut State Senate

John A. Yrchik, Secretary
Executive Director, Connecticut
Education Association

Michael Helfgott, Treasurer
Executive Director, Commission
for Educational Technology

The Governor's Prevention Partnership

The Honorable John G. Rowland
Co-Chair
Governor, State of Connecticut

John A. Klein, Co-Chair
President & CEO, People's Bank

Susan K. Patrick, President
The Governor's Prevention Partnership

Erik G. Wexler, Vice-Chair
Executive Vice President &
COO, MidState Medical Center

The Honorable John M. Bailey
Vice-Chair
Chief State's Attorney

Mary Ann Hanley,
Acting Secretary
Director, Valencia Society
St. Francis Hospital and
Medical Society

John R. Rathgeber, Treasurer
Executive Vice President,
Connecticut Business & Industry
Association

*Embedding Prevention in
State Policy and Practice
Steering Committee*

Patricia Wilson-Coker,
Governor's Designee, Co-Chair
Embedding Prevention Initiative
Commissioner, Department of
Social Services

Laura Lee Simon, Co-Chair,
Embedding Prevention Initiative
Board Member, Commission on
Children

Robert Rader, Executive Director,
Connecticut Association of
Boards of Education

Ron Thomas, Senior Legislative
Associate, Connecticut
Conference of Municipalities

John Martinez, Representative
Connecticut House of
Representatives

Susan K. Patrick, President
The Governor's Prevention
Partnership

Elaine Zimmerman, Executive
Director, Commission on
Children

Social Policy Experts

Dr. J. David Hawkins and Dr.
Richard F. Catalano, are
professors of social work at the
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forefront of prevention science
theory and application. For
more information, contact
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Karen Pittman is Executive
Director of The Forum for Youth
Investment and Senior Vice
President of The International
Youth Foundation. She has
written numerous articles on
youth issues and is a regular
columnist and public speaker.
For more information, go to
www.forumforyouthinvestment.
org.

Dr. Peter Benson is widely
recognized as one of the leading
contributors to the field of child
and adolescent development. He
has created 40 developmental
assets for communities to help
young people group up healthy,
caring and responsible. For more

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Benson at 800-888-7828, or
www.search-institute.org.

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 Jimenez, Jahaira
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 King, Officer Steven
 Kraatz, Ronald
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 Ruman, Christine
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 Thompson-Bennett, Donna
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 Washington, Shirley
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 Yolen, Susan Lloyd
 Young, Darlene

Appendix 3 *Overview &* *Methodology*

In late fall 2001, the newly-named Chair of the State Prevention Council, Brian Mattiello, Under Secretary of the Office of Policy and Management (OPM), asked the leaders of the Commission on Children and The Governor's Prevention Partnership to sponsor a series of conversations, forums and focus groups to obtain input to the process of the Council.

This request followed adoption of Public Act 01-121 (See Appendix 1) and establishment of the State Prevention Council. The Council and the process outlined in statute heralded the start of a new era in state planning and budgeting, one charged

with examining services that come before major problems are evidenced – prevention policies and practices. This process holds potential that, over time, preventive investments will be placed more highly on the agenda for state government planning and resource allocation.

Public Act 01-121 is one of only a few such laws in the nation to mandate a state council in state government to focus on prevention policy. Key mandates are to:

Prepare an inventory of existing prevention services and programs supported by state government. Establish a prevention framework; and present to the Legislature, via the State Prevention Council, a Biennial Prevention Plan and Budget.

The Council is composed of leaders of the eight major public agencies responsible for major human services where preventive approaches are most likely to affect children and their families. The Council is expected to submit to the Legislature in December 2002 a State Prevention Plan and Framework, and in early 2003, the State Prevention Council will submit to the General Assembly a Prevention Plan and Budget.

Goals, Objectives and Methods

The charge to the Commission on Children and The Governor's Prevention Partnership in carrying out the Listening Tour had these goals and objectives:

Goal

Engage a broad range of stakeholders to build an effective state-community partnership, assisting the State Prevention Council in developing a Prevention Framework and Plan.

Objectives

Give the Council advice from organizations and individuals who do the work, have the knowledge, who are the consumers, and are the constituencies for prevention.

Provide the Council themes from a community perspective, complementing the state's own work to advance prevention.

Methods

Four major activities were undertaken to gather and record information from individuals and organizations. Conscious effort was made to involve individuals usually concerned with human services, children and youth issues, and with preventive services. Beyond that, the Listening Tour sought input from others as well, community leaders often less involved in such activities. In all, more than 140 participants were heard and recorded in 14 forums and focus groups. (See Appendix 2, Community Participants.).

Four distinct methods were employed to gather information, views, opinions and other data regarding a prevention plan and framework. Those methods were: forums, focus groups, special conferences, and polling.

Forums

Four forums were conducted. They were held in the following communities:

Meriden, December 13, 2001
New London, February 13, 2002
Bridgeport, February 20, 2002
Waterbury, March 13, 2002
Each forum was asked a similar set of questions, providing a common context for the discussions (See Appendix 4, Questions.).

Focus Groups

Ten special focus groups were conducted, each involving approximately 8 to 12 individuals in informal settings. The focus groups included:

Parents (two groups);
Students, (two groups);
Strategic thinkers, academics, funders;
Police and law enforcement;
Juvenile justice practitioners;
Public education officials;
Business community leaders;
Public officials.

Special Conference Activities

Listening Tour leadership and staff monitored two major conferences, opportunities where nationally recognized leaders in prevention offered detailed information on research and best practices in prevention, strategies and approaches that have worked elsewhere.

Yale University School of Medicine: Multiple Ecologies of Urban Youth, New Haven, CT.

This conference featured a major address and follow-up session with David Hawkins, Ph.D., renowned author from Washington State, whose ground-breaking work in positive youth development and developing protective and risk factors for youth form the bulwark of research-based efforts to promote wellness and guide prevention services for children and youth.

Embedding Prevention in State Police and Practice, Semi-Annual Conference, Phoenix, AZ. This conference, sponsored by the National Crime Prevention Council, highlighted work of national leaders and the activities of six states (Arizona, California, Connecticut, Kentucky, Iowa, Oregon) engaged in a multi-year initiative to advance prevention policy in state government. Keynote speaker was Cornelius Hogan, former Commissioner of Human Services, State of Vermont. Vermont is believed to be the first state in the nation to adopt formal policies and standards to advance preventive services, and for nearly a decade has used a set of common indicators to measure progress. In addition, information was shared by the State of Arizona, which has inventoried prevention services for nearly a half-decade, and is now planning a geo-mapping model to measure preventive in several counties.

Polling and Sampling

Significant survey efforts to probe opinion and knowledge about prevention were added to the Listening Tour process. These activities were conducted under auspices of Connecticut's Embedding Prevention in State Policy and Practice project.

Public Opinion Poll

Sponsored by Research!America, and funded by the Robert Wood Johnson Foundation, a telephone poll of 800 randomly-selected Connecticut adults was conducted between October 18, 2001 and November 13, 2001. The poll, conducted by Harris Interactive, Inc., used a representative sample of the 2000 and 2001 current Connecticut population survey. It surveyed adults regarding their knowledge and attitudes regarding health prevention, promotion, and prevention research. The margin of error for the poll was plus or minus 3.5%. In addition, selected questions were compared with earlier national polls conducted by Harris.

Media Coverage on Prevention.

The Association for the Study and Development of Community conducted a five-state examination of media coverage in newspapers around the issue of primary prevention. Results, solicited in three time blocks between January and June 2002, examined newspaper coverage of articles and editorials relevant to primary prevention. A total of 126 such articles were identified, with 42 of relevance found from

Connecticut, comprising nearly one-third of the six-state sample. Excerpts of this survey are detailed in Section III of this report.

Appendix 4 *Questions For* *Regional Forums*

A Focus on State Government

- What might be the role of community to help the State Prevention Council create a framework and financial plan for prevention in state government?
- What should that state "framework" look like from a community perspective?
- What is the most important thing or things state government can do to assist local communities to build and sustain prevention in local policies and services?
- How can state government help communities and local prevention practitioners with exchanging knowledge, information and experiences?

A Focus on Community

- What important things are already happening at the local level to effectively promote prevention policies and services?
- What might be the emerging role of local elected leaders in supporting prevention policies and services for children in towns and cities? What are the best ways to involve these officials?

● What is the role of the school and educational community in participating in prevention initiatives? Should this be enhanced in any way? If so, what might it look like?

A Focus on Prevention and Fiscal Crisis

● In a declining economy, which prevention policies or services do you believe are paramount?

● How would you prioritize these within the areas of health, safety and learning?

Focus Group Questions – Parents and Guardians

● What concerns you most for children today?

● Can any of these problems be prevented? If so, how could they be prevented, from your vantage point?

● What would you like to prevent on the local level for children in the areas of health, safety and learning?

● How does the state assist in preventing problems for children? How does the community assist?

● What information would you desire regarding prevention that might help you as a parent?

● Are there ways that you would like to work with your town to increase prevention planning for children in the areas of health, safety or learning? Would it be beneficial for parents to be involved with mayors/selectmen on children's issues and prevention?

● What are your top priorities in the prevention areas that you listed?

● If there were limited money, what should be paid for first by the state or the town in child prevention to decrease crisis?

Law Enforcement/Justice Focus Group

● What do you think “prevention” is in a law enforcement/juvenile justice context? Where do law enforcement and juvenile justice fit in prevention?

● You interact with children and youth long after “primary prevention” has come and gone. What more refined role, if any, do you see juvenile justice having in any preventive strategies?

● What are you doing now that we should see more of? What would you want done differently? Who should do it?

● Let's focus for a moment on the children – not systems and structures. Is there a particular group of children and youth you would focus on? What would you do? What would you do differently, or more of?

● The Executive Branch is building a “conceptual framework” to guide state government in doing business to promote a philosophy of prevention. What key concepts, themes in prevention and preventive services would you recommend?

● Does the structure matter to justice/law enforcement? What advice would you give about organizing or structuring state government to best help you?

● If you had all the power – the magic wand – what one thing would you do differently in law enforcement/in juvenile justice with your clients to have the system respond preventively?

This document is posted on the Connecticut Commission on Children website and may be downloaded. www.cga.state.ct.us/coc/.

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